



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•NJD980534002

INSTALLATION ADDRESS

YARDS CREEK GENERATING STATION
P.O. BOX L
BLAIRSTOWN NJ 07825

MT. VERNON ROAD
BLAIRSTOWN NJ 07825

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY		NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	
INSTALLATION'S EPA I.D. NO.		PLEASE PLACE LABEL IN THIS SPACE		INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).	
I. NAME OF INSTALLATION					
II. INSTALLATION MAILING ADDRESS					
III. LOCATION OF INSTALLATION					
FOR OFFICIAL USE ONLY					
COMMENTS					
C					
13 16					
INSTALLATION'S EPA I.D. NUMBER		APPROVED		DATE RECEIVED (yr., mo., & day)	
FV5D980534002		T/A C		211130	
1 2		13 14 15		16 17 18 19 20 21 22	
I. NAME OF INSTALLATION					
YARDS CREEK GENERATING STATION					
30					
II. INSTALLATION MAILING ADDRESS					
STREET OR P.O. BOX					
3 P O BOX L					
13 16					
CITY OR TOWN					
4 BLAIRSTOWN					
13 16					
ST. ZIP CODE					
NJ 07825					
40 41 42 43 44 45 46 47 48 49 50 51					
III. LOCATION OF INSTALLATION					
STREET OR ROUTE NUMBER					
5 MT. VERNON ROAD					
13 16					
CITY OR TOWN					
6 BLAIRSTOWN					
13 16					
ST. ZIP CODE					
NJ 07825					
40 41 42 43 44 45 46 47 48 49 50 51					
IV. INSTALLATION CONTACT					
NAME AND TITLE (last, first, & job title)					
2 SHADLE DAVID SUPV ENVIR LIC					
13 16					
PHONE NO. (area code & no.)					
201-455-8759					
49 50 51 52 53 54 55 56 57 58 59 60					
V. OWNERSHIP					
A. NAME OF INSTALLATION'S LEGAL OWNER					
8 JERSEY CENTRAL POWER & LIGHT COMPANY					
13 16					
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)					
F = FEDERAL M = NON-FEDERAL					
VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))					
A. GENERATION B. TRANSPORTATION (complete item VII)					
C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION					
VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))					
A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):					
VIII. FIRST OR SUBSEQUENT NOTIFICATION					
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.					
A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)					
C. INSTALLATION'S EPA I.D. NO.					
IX. DESCRIPTION OF HAZARDOUS WASTES					
Please go to the reverse of this form and provide the requested information.					

I.D. - FOR OFFICIAL USE ONLY													
5												T/A/C	
W												1	
1	2										13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

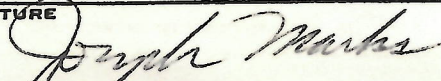
☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Joseph Marks, Manager - Generating Stations - Fossil & Hydro	DATE SIGNED 11/4/81
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ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE DATA MANAGEMENT SYSTEM
FACILITY MAINTENANCE FORM

CARD CODE F	FACILITY IDENTIFICATION NUMBER NJ0982534002												TRANS CODE 3	NO CARD 1	NOTIFICATION APPROVAL 8/1/88				DATE NOTIFIED				PERMIT APPLICATION APPROVAL				DATE PART A PERMIT REC'D				NOTIFICATION CONFIDENTIAL PART A CONFIDENTIALITY				CLOSURE DATE				M																					
FACILITY IDENTIFICATION NUMBER												FACILITY CONTACT NAME/POSITION SHADLE DAVID SUPV ENVIR LIC												AREA CODE CONTACT TELEPHONE NUMBER 2014558759												PARENT ID NUMBER												MT				CT				NT				M
FACILITY IDENTIFICATION NUMBER												MAILING ADDRESS P.O. BOX 4												FACILITY IDENTIFICATION NUMBER												MAILING CITY BLAIRSTOWN												STATE NJ				ZIP CODE 07825				M				
FACILITY IDENTIFICATION NUMBER												DISTRICT CODE 5				RIVER BASIN CODE				LATITUDE				LONGITUDE				M																																
FACILITY IDENTIFICATION NUMBER												SIC 7				NEW SIC				FACILITY IDENTIFICATION NUMBER												SIC 7				NEW SIC				M																				
FACILITY IDENTIFICATION NUMBER												SIC 7				NEW SIC				FACILITY IDENTIFICATION NUMBER												SIC 7				NEW SIC				M																				
FACILITY IDENTIFICATION NUMBER												FACILITY OPERATOR NAME JERSEY CENTRAL POWER & LIGHT COMPANY												ACTIVITY CODE MX				TRANSPORT MODE				OWNER TYPE IND				FAC STAT IND				EXISTENCE DATE				M																
FACILITY IDENTIFICATION NUMBER												TYPE 9				PERMIT NUMBER				TYPE 9				NEW PERMIT NUMBER				M																																
FACILITY IDENTIFICATION NUMBER												TYPE 9				PERMIT NUMBER				TYPE 9				NEW PERMIT NUMBER				M																																
FACILITY IDENTIFICATION NUMBER												DATE NOTIFICATION ACKNOWLEDGEMENT SENT				DATA INTERIM STATUS ACKNOWLEDGEMENT SENT				INTERIM STATUS ACKNOWLEDGEMENT II				FACILITY IDENTIFICATION NUMBER												OPERATOR PHONE				OPERATOR STREET				M																
FACILITY IDENTIFICATION NUMBER												OPERATOR CITY				OPER STATE				OPERATOR ZIP CODE				INDIAN LAND				FACILITY IDENTIFICATION NUMBER												OWNER PHONE				M																
FACILITY IDENTIFICATION NUMBER												FACILITY OWNER NAME				FACILITY IDENTIFICATION NUMBER												FACILITY OWNER CITY				OWNER STATE				OWNER ZIP CODE				M																				
FACILITY IDENTIFICATION NUMBER												PROCESS CODE I				AMOUNT				UNIT				NEW PROCESS CODE				NEW AMOUNT				NEW UNIT				M																								
FACILITY IDENTIFICATION NUMBER												PROCESS CODE 1				AMOUNT				UNIT				NEW PROCESS CODE				NEW AMOUNT				NEW UNIT				M																								

CARD F6 COLUMN 55 DRAWING INDICATOR

CARD F9 COLUMN 50 MAP INDICATOR

CARD F2 COLUMN 68 RCRA MODIFY CONSTRUCT

CARD F2 COLUMN 70 RCRA NON-REGULATED

CARD F6 COLUMN 56 PHOTOGRAPH INDICATOR

CARD F9 COLUMN 51 NATURE OF BUSINESS

CARD F2 COLUMN 69 RCRA COMMERCIAL